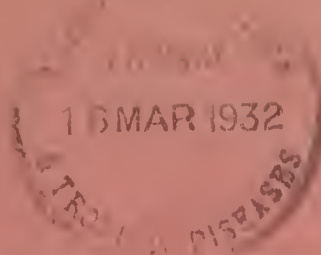


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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1931.

WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.

County Medical Officer of Health,
County School Medical Officer.

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To the Chairman and Members of the Education Committee
of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Twenty-third Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and shows the very extensive work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. The benefit to the health of the children is obvious.

The report also contains an account of a number of investigations carried out during the year, including the provision of milk and meals at school, the results of tonsil and adenoid operations, and dental defects in entrants. Extensions and improvements of various sections of the work are recorded but in the year under review no extensive developments were undertaken.

The arrangement of the tables is slightly altered from last year; they are in the form asked for by the Board of Education.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1932.

ORGANISATION.

The only change in the staff during the year was the sudden and very regrettable death of Dr. Lister in August. It was not found possible to fill the position during the year, but some temporary assistance was available and utilised.

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 455 with 513 departments. The average attendance during the year ending 31st March, 1931, was 38,177.

			Urban.	Rural.	Total.
Council Schools	...	...	27	116	143
Voluntary Schools	...	...	36	276	312
Total			63	392	455

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,161. The number of children inspected was 23,419, an increase of 596 on the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 14,822. The number of children re-inspected during the year was 8,597, compared with 8,104 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools, except 8 Elementary and 3 Secondary, were visited during the year. Owing to shortage of staff it was not possible to visit these or to complete a good many special examinations. The percentage of parents present at routine inspections was 56.3, which is above the average. Pressure of other work only allowed a second visit to the schools to be made in a very few cases.

EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below :—

				Boys.	Girls.	Total.
Number accepted without qualification	...			15	11	26
Number provisionally accepted subject to treatment being obtained for :—						
Defective vision	...	...	...	1	0	1
Dental defects	...	...	...	0	3	3
Number examined	...	...	...	16	14	30

All the candidates needing treatment obtained it and were subsequently accepted.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 18 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	10
A.2.—In good health, but with slight physical defects	...	...	...	6
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	1
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	1
B.3.—In temporary sub-normal health	...	...	...	0
C. —Unfit	...	...	...	0
				<hr/> 18 <hr/>

Treatment for dental caries was conditional in six cases.

The defects most frequently found were, as usual, dental caries and errors of refraction. Various minor defects were noted in four cases.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1931 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 7.2; defective hearing, 0.9; ear disease, 2.2; skin disease, 0.8; adenoids, 1.1; enlarged tonsils, 22.2; enlarged tonsils and adenoids, 7.1; defective speech, 1.6; dental disease, 70.6; organic heart disease, 0.4; anæmia, 3.0; pulmonary tuberculosis, definite, 0.1, suspected, 0.6. These percentages are very similar to those recorded in previous reports.

Defective Vision.—Defects are recorded for 20.7 per cent. of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	16.3	18.3	17.3	9.7	13.1	11.3	13.0	17.8	15.3
Marked defect...	7.3	7.2	7.3	8.2	8.9	8.5	7.8	8.0	7.9

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year, 2,080 elementary school cases were examined by the Oculist, 1,032 being re-examinations. In 1,033 of the 1,048 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals
	Under 8.	8-9	12 & over	Other Ages.	Under 8.	8-9	12 & over	Other Ages.	
Hypermetropia	91	62	66	18	73	45	89	42	486
Hypermetropic astigmatism	31	54	50	15	38	56	53	19	316
Myopia	4	11	11	9	4	5	18	12	74
Myopic astigmatism	10	3	6	5	7	7	9	6	53
Mixed astigmatism	8	10	17	3	6	10	16	3	73
Heterometropia	1	3	1	1	3	7	11	4	31
Total	145	143	151	51	131	130	196	86	1033
Re-examination cases	47	43	258	136	50	50	284	164	1032
Cases without error of refraction	4	2	2	1	3	2	1	0	15

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent strabismus	72	75	147
	Alternating strabismus (mainly convergent)	0	1	1
	Divergent strabismus	2	8	10
	Nystagmus	1	3	4
Pathological changes of Eye due to accident or disease.	Of Conjunctiva	3	1	4
	„ Cornea	10	11	21
	„ Sclerotic	0	0	0
	„ Iris and ciliary body	1	0	1
	„ Lens	2	0	2
	„ Vitreous	0	0	0
	„ Choroid and retina	2	0	2
Diseases of Adnexa of the Eye.	„ Optic Nerve	0	0	0
	Of Eyelids	40	39	79
Congenital Disorders of the Eye.	„ Lachrymal apparatus	1	0	1
	Globe as a whole	0	1	1
	Cornea (conical chiefly)	0	0	0
	Sclerotic (blue)	0	0	0
	Iris and ciliary body	1	0	1
	Lens { Dislocation	0	0	0
	„ { Cataract	3	2	5
	Choroid and retina	0	0	0
	Optic Nerve	0	0	0
	Lack of pigment	0	1	1
Headaches, and other reflex nerve symptoms associated with visual defects	Eyelids	5	1	6
		88	142	230
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"		2	4	6

In addition the County Oculist examined 99 Secondary School scholars, 2 Bursars, 49 mental deficient persons (26 from Sandhill Park), 4 persons for suitability for training as blind, 91 pre-school children for squint and 2 other persons referred to him. Five days' work, with 76 cases, was done for the Bridgewater Urban Education Authority.

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,114 new cases were referred to the Care Visitors. Arrangements have now been made with 153 Nursing Associations. Inspections in 422 schools were attended by District Nurses. 1,042 inspections were attended by these nurses, and 3,181 cases were referred to them for home visits. Their reports state that 8,431 home visits were paid to these cases.

Their reports upon the 3,181 cases referred to them for home visits show that in 1,360 cases (43 per cent.) medical treatment had been obtained, and 243 cases (8 per cent.) were under treatment by the nurse; in 650 cases (20 per cent.) no treatment was obtained; 823 cases (26 per cent.) were under supervision; and in the remaining 105 cases (3 per cent.) visits had yet to be made at the time the reports were received.

Slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, are reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,506 cases (19 per cent.) and for observation in 2,004 cases (15 per cent.). During the past year grants of milk, malt and oil or Parrish's Food were made to 347 children at a total cost of approximately £61. Every child is selected on medical grounds.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 263 recommendations were issued, and 248 operations performed. The cost of these operations was £473 10s. 0d., of which sum £29 12s. 6d. was refunded by the parents, leaving a balance of £443 17s. 6d. to be paid by the County Education Committee. Fifteen recommendations are outstanding involving a further sum of about £20.

During the year an inquiry was instituted to judge the efficacy of the operations undertaken, as occasionally it appeared that the tonsils or adenoids had not been completely removed. The inquiry included 367 cases and attention was more particularly paid to the tonsil condition. Of 217 cases for which the County Education Committee paid, 193 were recorded as satisfactory, 17 as fair and only 7 as unsatisfactory. Of 150 cases operated upon but not paid for by the Committee 139 were satisfactory, 7 fair and 4 unsatisfactory. The percentage marked "unsatisfactory" was only 3.0 per cent. and since in some cases there may have been subsequent growth or other reasons to account, this must be considered very good. It is not possible to assess the adenoid results in figures as the criteria of success are less easily ascertained but they seemed to be somewhat on the above lines, if anything not quite so good. The County Education Committee has arrangements with 17 hospitals and with the exception of one hospital (which gives 17 per cent. unsatisfactory results and 22 per cent. fair only) the records of the operations were very good.

The demands for assistance continue to grow, partly owing to careful "following up" of children suffering from enlarged tonsils and adenoids, but more particularly owing to the difficulty of securing operative treatment at the smaller Voluntary Hospitals, either by subscribers' tickets or through the various Hospital Contributory Schemes.

TUBERCULOSIS.

During the year 98 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 68 suspected cases amongst those specially presented. Seventeen cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 180 cases referred to the Tuberculosis Officers and examined, 12.8 per cent. were found to be definite cases, and a further 6.7 per cent. were marked as suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924-30. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 11th to August 8th, and forty boys from August 13th to September 10th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 7 lbs. and for the boys 4 lbs. As before, the Camp was run mainly by voluntary help. The total expenditure was £212, of which £162 was for food. The children were well fed and the cost for food for children and staff worked out at 15.28 pence per head per day. Each child on the basis of a four weeks' holiday cost £2 14s. 0d. including everything. The Education Authorities of Yeovil and Bridgwater repaid £60 13s. 4d. In addition £60 was spent on structural and other improvements.

RHEUMATIC HEART DISEASE.

During 1931 five Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Glastonbury	1	12	—	—	12
Bristol	1	13	—	—	13
Taunton	2	16	12	—	28
Weston-super-Mare	1	12	—	—	12
Totals	5	53	12	—	65

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	33
Suffering from congenital heart disease	...	...	...	5
Not suffering from heart disease ... ..	...	...	...	24
Doubtful cases or cases under observation	...	...	...	3
				65

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

The Orthopædic Hospital at Winford, mainly provided for Bristol cases, and opened during 1930, offers facilities for the treatment of these heart cases. The two patients admitted in 1930 were discharged in March and May of 1931 and during 1931 four further cases were admitted. Two of these were discharged during the year after being in the hospital 25 and 30 weeks respectively, while the other two were still in the hospital at the end of the year. The reports on discharge show that the disease was quiescent and no extensions taking place but it is too early at present to say how far the conditions will remain unchanged.

The detailed inquiries into the home and other conditions of the cases, carried out for three years, was not continued during 1931 as this investigation had been completed.

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1931 the School Oculist examined 1,048 new cases and prescribed glasses in 953.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Ninety per cent. of the children summoned to the different eye centres attended. Of the remaining 10 per cent., the majority attended on being again sent a notice.

During 1931 the five shillings charged for spectacles was received from 1,306 parents, while in 192 cases (as compared with 172 in 1930) the cost or part of it was provided out of County funds. The expenditure involved was £33 8s. 10d., as compared with £30 19s. 6d. in 1930. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £2 5s. 0d. No payments were made in carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £55 17s. 4d. £35 17s. 4d. was lost on repairs and for free glasses, and £15 3s. 9d. on eye-shades. The receipts for eye material, therefore, was £4 16s. 3d. above the cost.

During the year 1,498 new pairs of spectacles were supplied, while 935 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 1,048 new cases examined, 158 were suffering from squint. Glasses were prescribed in 156 cases and obtained in 148. In 2 instances spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 58 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Three dentists were at work throughout the year, but over 15 weeks were lost through illness of two of the dentists. The figures set out show that 41 per cent. of the children passed through their hands. Owing to the fewer days worked 2,159 fewer children were examined during the year than in 1930. This has put the work considerably behindhand, *i.e.*, a good many children have to wait over a year before being examined again.

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Union ...	45	38	59	1,769	—	1,320	—
Weston-super-Mare	6	6	37	1,044	1	791	—
Bath Rural ...	17	17	24	612	15	479	11
Bridgwater Rural ...	38	7	11	260	—	221	—
Chard Union	28	28	51	1,488	—	1,234	—
Clutton Union	32	27	75	2,120	—	1,609	—
Dulverton Union	13	13	12	343	—	265	—
Frome Union	26	26	49	1,152	4	934	2
Keynsham Union	10	6	12	321	—	235	—
Langport Union	24	24	31	877	3	692	1
Long Ashton Union	33	—	—	—	—	—	—
Shepton Mallet Union	25	5	2	78	—	57	—
Taunton Rural ...	28	28	39	1,142	—	926	—
Wellington Union	18	18	35	994	—	792	—
Wells Union	26	25	40	1,040	3	848	2
Williton Union	31	13	27	761	—	587	—
Wincanton Union	27	22	31	704	3	521	1
Yeovil Rural	31	29	37	1,020	—	869	—
	458	332	572	15,725	29	12,380	17

The ages of the 15,725 children who were examined under the scheme were 266 (5 years), 2,558, 2,619, 2,362, 2,308, 2,208, 1,595, 1,039, 696 and 74 (14 years).

The treatment given to the 12,397 children was as follows:—

Extractions (temporary)	14,092
.. (permanent)	727
Fillings (temporary 1,275; permanent 10,233)	11,508
Other treatment (scaling)	55

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	1220	572	648	3596	1410	91	1129	962	0	4
Mr. Nicolson	1115	320	795	5056	2716	89	1091	1159	0	1
Mr. Crossley	1022	262	760	3745	1246	62	1142	1198	29	68
	3357	1154	2203	12397	5372	242	3362	3319	29	73

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 3,357 required no treatment, of which 2,203 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,372 children who required temporary extractions only. This makes 8,729 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

Mr. Goddard, Mr. Nicolson and Mr. Crossley worked 572 days (167, 217 and 188 respectively) during the year and examined 15,754 children, an average of 28 a day, while 22 a day were treated, the average for the previous year being 28 and 21 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,520, the largest items being £1,591 salaries of dentists, £437 travelling and maintenance allowances, and £220 clerical assistance. The cost of dental materials and renewals was £99, while the amount paid for the hire of rooms was £137. The sums received as fees from parents during the year amounted to £308. The cost for each child treated works out at $4/0\frac{3}{4}$, or deducting parents' contributions, $3/6\frac{3}{4}$.

The numbers of toothbrushes sold during the last ten years are: 3,637, 3,928, 2,355, 2,988, 3,695, 3,192, 3,138, 2,511, 2,479, 2,031 (1931). The price charged is 4d.

For the earlier years the smaller rural schools could not be included, but these have gradually been taken into the scheme and all but two schools in the County were included during the year. These were one small inaccessible school (Oare) and Backwell which has its own dental arrangements.

Mr. Crossley has made a careful record of six year old children examined for the first time by him, comparing those born in different years. The total number recorded is 3,928.

The results are shown in the following table:—

Year of Birth.	Average number of carious temporary teeth.	Permanent teeth.			Number of Children included.
		Sound.	Savable.	Unsavable.	
1916	2.9	4.2	0.1	—	34
1917	3.5	3.5	0.2	—	118
1918	5.1	3.7	0.1	0.005	212
1919	5.3	3.6	0.1	—	312
1920	6.3	4.0	0.2	—	555
1921	6.3	4.4	0.2	0.003	570
1922	7.3	4.4	0.2	0.01	624
1923	7.1	4.5	0.2	0.01	686
1924	7.1	4.4	0.3	0.01	556
1925	7.9	4.1	0.3	0.01	261

These results are very disquieting since they suggest that whatever benefits are conferred upon the children by treating them in school, not only is nothing being done to reduce the amount of dental decay under 6 years of age, but on the contrary the teeth of the school entrants are now far worse than they were in the earlier days of the scheme.

This points to defects in the pre-school child and is another illustration of the need and importance of paying more attention to the nutrition and nurture of the pre-school child. These children are well supervised until two years old, but only the obviously defective are supervised between two and five years.

On the education side the facts suggest that it would be an advantage to let the children enter at 5 and 6 instead of, as at present, 6 and 7 years of age.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 22,106 boys and 24,329 girls, and of these 279 boys (1.3 per cent.) and 1,133 girls (4.6 per cent.) were found verminous. During the year 184 children were excluded as belonging mostly to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas since so much depends upon the children and schools selected. No regular examination of all the children in all the schools has been undertaken for many years as the staff available does not permit this to be done. Attention is now concentrated upon the specially dirty children and the few schools which contain a high proportion of such children. The schools are vastly cleaner as compared with years ago.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage Verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge ...	1,417	1,457	9	—	2.4	9.3
Burnham-on-Sea ...	318	328	—	—	0.0	2.5
Highbridge ...	85	250	5	—	0.0	4.3
Weston-super-Mare	1,211	1,422	7	—	4.0	8.6
Bath Rural ...	913	628	19	—	2.7	6.4
Bridgwater Rural ...	1,070	1,747	13	—	0.4	3.9
Chard Urban ...	289	322	—	—	0.3	2.5
„ Rural ...	563	568	—	—	0.0	1.9
Crewkerne ...	72	141	—	—	0.0	5.0
Ilminster ...	34	140	—	—	0.0	6.4
Clutton ...	1,664	1,611	4	—	1.4	5.8
Midsomer Norton ...	800	1,390	1	—	0.5	2.7
Radstock ...	272	458	—	—	0.4	2.3
Dulverton ...	328	293	—	—	0.6	2.7
Frome Urban ...	830	1,271	42	—	1.3	7.5
„ Rural ...	1,105	1,051	13	—	1.4	5.4
Keynsham ...	552	495	6	—	0.7	4.4
Langport ...	1,235	1,504	28	—	1.3	4.2
Long Ashton ...	717	659	3	—	2.1	5.5
Clevedon ...	266	283	—	—	3.4	4.6
Portishead ...	268	222	1	—	1.1	5.0
Shepton Mallet U....	545	560	3	—	0.9	2.7
„ R....	581	557	1	—	0.0	1.6
Taunton Rural ...	1,097	1,066	3	—	0.9	2.9
Wellington Urban ...	312	410	—	—	0.0	2.4
„ Rural ...	428	364	4	—	1.4	4.9
Wiveliscombe ...	122	106	—	—	0.0	8.5
Wells Urban ...	317	319	—	—	2.2	2.5
„ Rural ...	413	388	3	—	1.5	2.8
Glastonbury ...	143	—	—	—	0.0	0.0
Street ...	—	—	—	—	0.0	0.0
Williton ...	944	864	—	—	1.1	4.9
Minehead ...	312	622	—	—	1.3	2.6
Watchet ...	—	—	—	—	0.0	0.0
Wincanton ...	1,307	1,183	13	—	0.5	1.6
Yeovil Rural ...	1,545	1,599	6	—	0.6	4.9
	22,106	24,329	184	—	1.3	4.6

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1931.

Reason for examination or treatment.	Examined only.	Treated.			Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.		
Fitness for School or Special Schools ...	31	—	—	—	31	42
Re-examined from 1930 ...	14	—	—	—	14	51
External eye diseases ...	1	13	2	—	18	83
Ear diseases: Otorrhœa, etc. ...	—	10	4	—	15	166
Deafness ...	—	3	1	—	4	13
Ringworm: Body ...	—	6	—	—	6	17
Scalp ...	—	2	—	—	2	23
Infected skin diseases (Impetigo, Scabies, etc.) ...	1	95	—	—	99	297
Eczema and other skin diseases ...	2	12	1	—	17	60
Other conditions ...	94	16	11	—	124	251
Totals ...	143	157	19	—	330	1,003

Total individual children examined or treated=317.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1931.

Reason for examination or treatment.	Examined only.	Treated.			Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.		
Fitness for School or Special Schools ...	—	—	—	—	—	—
Re-examined from 1930 ...	26	—	—	—	26	26
External eye diseases ...	—	5	1	—	8	21
Ear diseases: Otorrhœa, etc. ...	—	4	1	—	7	30
Deafness ...	—	—	2	—	4	16
Ringworm: Body ...	—	2	—	—	2	13
Scalp ...	—	1	—	—	3	32
Infected skin diseases (Impetigo, Scabies, etc.) ...	—	10	—	—	11	46
Eczema and other skin diseases ...	—	7	1	—	8	26
Goitre ...	3	—	5	—	20	79
Other conditions ...	35	25	5	—	73	189
Totals ...	64	54	15	—	162	478

Total individual children examined or treated=83.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 243 cases were so referred. Many cases were treated at the School Clinics.

School Clinics. There were three such Clinics at the beginning of the year, *i.e.*, at Weston-super-Mare, Frome and Radstock. The table shows the work done at Weston-super-Mare and at Frome. There was so little work to do at Radstock that the centre was closed in July.

Goitre. Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 42 schools to approximately 1,550 children. The cost of the chocolates for the year was £43 14s. 6d.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1931 there were only 22 known cases, the lowest recorded. The greatest number of cases was in Wincanton Rural, 5; Midsomer Norton, 5; and Clutton Rural, 3. There were no known cases in 440 schools, one case in 9 schools, two cases in 5 schools and three in 1 school (Pitcombe C.E.).

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 18 fresh cases. Of the 22 known cases, in 18 District Nurses are assisting in the treatment, as compared with 28 in the previous year. Drug treatment is given at the Weston-super-Mare, Frome and Radstock School Clinics.

The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the special conditions or not:—

Attending under the scheme so far as is known ...	19
Excluded: Refused scheme	1
„ Failure to comply with cap conditions	0
„ Suffering from extensive ringworm or on parts not covered by cap ...	0
.. Age under 5	2
Total excluded	3
	<hr/>
	22
	<hr/>

The above figures show that as regards ringworm of the head, 86 per cent of the children suffering are attending school under the special conditions.

Forty-seven cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa- tion.	Tuber- culosis	From outside areas.	All.
Bridgwater	92	33	325	270	527	26	1148
Minehead	87	27	116	1025	123	0	1264
Weston-super-Mare	92	40	49	911	692	107	1759
Yeovil	93	37	165	638	264	35	1102
Total	364	137	655	2844	1606	168	5273

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or Improved	39	9	37	2	65	152
Unaltered	1	1	4	0	2	8
Worse	0	0	0	0	9	0
Still under treatment	26	10	28	9	22	95
Total	66	20	69	11	89	255

The clinical side of the light treatment is under Dr. Short and he reports that the school children who attended regularly—for whatever primary defect—all seemed to improve in alertness and mentality, and the parents and teachers say that they get on better in school afterwards. The improvement does not always continue but should be followed by natural sunlight treatment. Unfortunately the summer was a disappointing one from this point of view.

CRIPPLED CHILDREN.

The orthopædic scheme was started in 1925 and has been a great success in that many bad cases of crippling have been cured, many made so much better that they are capable of earning their living, while a very large number of children suffering from minor defects which were a cause of ill-health and future inefficiency have been remedied.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Sister's clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided excellent Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

The teachers have also been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc. Parents for example will have one pair of boots properly adjusted as advised at the Clinic and then when they wear out often will let the children go back to ordinary shoes or even to rubber shoes without the slightest effort to obtain crooking or other adjustment for new boots.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and we are again indebted for much of the success of the scheme to her skill and enthusiasm. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown. Miss Mayor (the Orthopædic sister) has also given devoted and skilful service at all the clinics.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1931.

Dispensary.	Number of Clinics held.	New Cases seen.	Total Attendances.				
			I	E	T	O	All
Glastonbury	5	36	71	88	8	6	173
Radstock	5	38	45	103	12	3	163
Taunton	11	129	150	255	22	8	435
Weston-super-Mare	11	62	132	189	8	9	338
Yeovil	11	46	107	215	10	10	342
Frome	3	24	23	62	4	7	96
Bath	3	20	16	66	1	3	86
Minehead	2	10	6	41	—	4	51
Bridgwater	3	12	24	62	13	9	108
	54	377	574	1081	78	59	1792

NOTE.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age.

Attendances at Sister's Clinics, 1931.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All
Glastonbury	40	104	205	21	8	338
Radstock	38	92	294	30	10	426
Taunton	35	146	352	6	1	505
Weston-super-Mare ..	38	175	408	18	3	604
Yeovil	35	208	209	6	9	432
Frome	23	30	202	5	5	242
Bath	11	12	69	2	1	84
Minehead	10	15	59	—	1	75
Bridgwater	23	26	127	18	20	191
Chard	10	5	44	—	2	51
Cheddar	11	14	22	—	—	36
Clevedon	5	2	31	—	—	33
Langport	11	19	26	—	7	45
Shepton Mallet	12	12	33	3	—	55
Wellington	11	12	51	1	4	64
Wincanton	11	8	51	1	2	64
Bristol	10	4	79	3	—	88
	334	884	2262	114	73	3333

In addition 670 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1931.

Type of Case	In Hospital 31-12-30	Admitted	Discharged	In Hospital 31-12-31	Average duration of each case (discharged cases only).
Non. resp. tuberculosis (Bones and Joints)	11	7	6	12	245 days
Congenital deformities	4	25	25	4	50 days
Poliomyelitis	7	12	15	4	125 days
Rickets	3	3	4	2	155 days
Spastic paralysis	3	3	5	1	233 days
Scoliosis	2	3	5	0	110 days
Osteo-myelitis (other than tubercular)	1	2	1	2	76 days
Other cases	0	11	6	5	34 days
TOTAL ..	31	66	67	30	

Although 30 beds were retained all the year instead of the 24 under the original scheme, there was a considerable waiting list. It is disappointing that it was necessary to keep many of the cases so long in the Hospital that there were only 66 admissions during the year.

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 9 have been sent, and on January 1st, 1932, there were 12 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1931 for the first time.

Tuberculosis of bones and joints ...	...	...	...	11
Spastic paraplegia and hemiplegia ...	...	...	...	10
Infantile paralysis (poliomyelitis) ...	...	...	...	11
Osteo-myelitis ...	...	...	...	2
Congenital dislocation of the hip ...	...	...	...	6
Club foot ...	...	...	...	18
Other congenital deformities ...	...	...	...	19
Rickets ...	...	...	...	36
Scoliosis ...	...	...	...	13
Torticollis ...	...	...	...	12
Diseases and injuries of the toes ...	...	...	...	9
Postural deformities:—				
General defects of posture ...	...	...	...	28
Flat foot (often with other postural deformities)	...	...	...	38
Postural scoliosis ...	...	...	...	5
Knock knees (many old rickets) ...	...	...	...	106
Bow-legs ...	...	...	...	25
			—	202
Results of injuries ...	...	...	...	10
Other defects and deformities ...	...	...	...	18
			—	377

The number of new cases seen is 35 less than in the previous year. There are very large numbers of old cases to be seen, so that in spite of this decrease the Surgeon's Clinics are crowded and it is difficult to arrange for all the patients to be re-examined at suitable intervals. Many slight posture cases are now treated by the Medical Inspectors or referred by them direct to the

Orthopædic Sister to be treated by her under their general directions. These cases therefore do not go to the Surgeon's Clinics and are not included in the table. If the defect is considerable, or if the condition does not yield to treatment, the cases are then sent to be seen by the Orthopædic Surgeon.

The attendances at the Surgeon's Clinics have diminished somewhat in response to the efforts to reduce the overcrowding, while the Sister's are nearly the same as for 1930. At the Sister's Clinics while most of the work has been at the five major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases have been provided with suitable splints and appliances. During 1931, 160 splints, etc., were supplied, 124 being calipers or other irons, while 142 alterations to ordinary boots were ordered and supervised, and 8 pairs of surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition a large number of plaster of Paris splints were fitted. The number of these increased enormously for 1930 (*i.e.*, 709) while for 1931 as many as 502 were fitted.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 15 hospitals, or individuals, for X-ray photographs.

At one time it was difficult to find suitable persons at the different centres to undertake massage, but this difficulty has largely been overcome. It is possible therefore to give many more cases which need it massage treatment, and as shown in the expenditure figures £141 2s. 6d. was paid for this work during 1931.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee.

The total expenditure upon the Orthopædic Scheme, shared between the three Committees, for 1931 is as follows:—

EXPENDITURE.

I. In-patients.

	£	s.	d.
Bath Orthopædic Hospital	4,165	7	6
Boarded-out cases	63	1	0
Travelling expenses to Hospital	8	4	5

II. Out-patients.

(a) Splints and appliances	260	0	3
(b) Orthopædic Surgeon (services and travelling expenses)	242	11	0
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	517	15	3
Holiday substitute	22	4	2
(d) Travelling expenses of cases	33	9	9
(e) Maintenance of County Clinics	58	14	2
(f) Payments to outside Clinics	8	19	0
(g) X-ray photographs	42	8	6
(h) Payments for massage	141	2	6
(i) Bath City Statutory Hospital	23	2	11
(j) Equivalent of one Health Visitor	302	0	0

III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc....	232	0	8
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£6,121 1 1

RECEIPTS.

	£	s.	d.
In-patient payments	209	12	8
From Dorset and Local Authorities in the County—			
(a) Attendances at Clinics	180	7	5
(b) In-patients	238	10	0
	418	17	5
Payments towards splints and appliances—			
From parents	53	3	6
Mental Deficiency Acts Committee	1	10	6
Public Assistance Committee	20	10	8
	75	4	8
Payments for massage (Public Assistance Committee)...	2	16	0
,, X-rays (,, ,, ,,)...	1	1	0

707 11 9

Net expenditure £5,413 9 4

This is £24 less than for the previous year. While some items such as massage, maintenance of clinics, cost of splints and appliances have considerably increased, there is a reduction in other items. For a service upon which the actual expenditure upon individual cases cannot be controlled the close correspondence between expenditure and estimates is very satisfactory.

THE PREVENTION OF CRIPPLING AND POSTURAL CONDITIONS.

Great attention is paid to this side of the work. During the year 114 fresh cases of early rickets or suspected rickets were reported and all these were given medical or other treatment. Of these 27 had to be transferred to the Orthopædic Clinics for advice and treatment.

Poliomyelitis is a severe and not uncommon cause of crippling. It is a notifiable disease, but unfortunately a good many cases are not recognized in their initial stages and do not get medical treatment until the definite effects of paralysis are apparent. Notified cases do not include all the cases which occur, which is unfortunate. During the year 4 cases were notified, aged 4, 8, 9, 18 years. Special inquiries and offers of assistance in connection with the Orthopædic scheme were made at once. Three of these 4 cases were removed to the Bath Orthopædic Hospital, the other case being treated at the Bridgwater Hospital, being over age for Bath Orthopædic Hospital. It is of very great importance that these cases should have skilled prolonged treatment if crippling conditions are to be avoided or mitigated, and it is difficult to obtain such treatment apart from the facilities offered by our orthopædic service.

The work on the prevention of postural defects and improved physical training has been continued on the lines set out in my last annual report, and the results obtained are undoubtedly of great value. This success is mainly due to the enthusiasm and ability of Miss Marjory Smith and to the excellent response of the teachers who are taking a great interest in the work. Owing to the success of the experimental work done at Glastonbury (see 1930 Report, page 24) the balance of the work has been somewhat altered. Rather less time is being allotted to the purely remedial exercises given to selected groups of children. Schools are being visited by Miss Smith in order to watch the results of lectures given to teachers and to help and advise on the posture of the scholars. The length of time given to the Teachers' Classes has been extended from $1\frac{1}{2}$ to 2 hours and the number of lessons increased, so that a lecture and demonstration on posture can be delivered at each meeting. The general effect of the work is that it is now possible to tackle the posture problem more broadly through help and instruction to the teachers so that the necessity for remedial exercises to picked groups of children diminishes.

The experimental posture work at the Glastonbury schools continues with satisfactory results. Some of these children have been to London by special request from the Ling Association of Great Britain and have been used by Miss Smith to demonstrate remedial posture exercises and by the Head Teachers for a physical training lesson incorporated into which were the extra postural exercises given as part of the ordinary class lesson.

Teachers' classes have been held at Wellington, Williton, Wincanton, West Harptree and Crewkerne.

The number of schools which should now be affected along the lines tried out at Glastonbury is approximately 100, and the number of teachers who now have attended the lectures on postural training is 230.

During the year Miss Smith visited 140 schools and all posture classes were followed up. This enables help to be given to the teachers as regards the general problem of posture and how to deal with individual cases of flat feet, knock-knees, etc. The teachers for their part are interested in the work and are very conscientious in seeing that the exercises are regularly carried out.

The posture classes for groups of children selected by the Medical Inspectors have been continued and those held by Miss Smith during the year have been :—

Wellington	Courtland Road (Senior)	one class	12 girls,	1 class	12 boys.
„	C.E. School ...	„	13 „		
„	Rockwell Green	„	11 „	1 class	12 boys.
„	Coram's Lane ...	„	16 boys.		
Wiveliscombe	... ..	„	17 girls,	1 class	12 boys.
Ilminster	... ..	„	14 „	1 „	14 „
Merriott	... ..	„	12 „	2 classes	
			21 „, in all		
Martock, Bower Hinton	... ..	„	17 „		
Hinton St. George	... ..	„	8 boys.		
South Petherton	... ..	„	15 „		
Martock	... ..	„	17 „		

As a result of the exercises the girls showed an average increase of breathing capacity of 0.6 inches, the boys in one group 0.56 and in another 0.75 inches. Classification of the posture cases before and after the special course showed very definite improvement.

It is of interest to note that for the first time since the work was started a Medical Inspector was unable in a large school to find a sufficient number of cases of bad posture to form a class. This was the case at South Petherton Girls' School.

Miss Smith makes the interesting comment that in the Martock Boys' School where no physical exercises are possible, because there is no playground, the average increase in breathing capacity was 1 inch.

Continuation classes have been carried on by the teachers at Weston (Bath) C.E. Mixed, Clevedon C.E. Boys', Batheaston C.E., and Monkton Combe (Combe Down) Mixed Schools. These have been followed up by Miss Smith and the work done reported satisfactory.

The question of rest periods in school is related to postural defects. In July a circular was issued to all Head Teachers in the Administrative County drawing their attention to the value of rest periods for certain classes of children, giving information as to the children needing rest and explaining the importance of these rest periods being taken under proper conditions, with advice as to how these conditions were to be obtained.

Defective footwear is also a cause of flat feet and the same circular drew attention to this point, asking teachers to discourage the use in school of heelless rubber-soled shoes with canvas sides (except for use for physical exercises) and any shoe or boot which has not a good heel and leather uppers. The continued wearing of the Wellington boot type with rubber soles was also deprecated.

NUTRITION AND SCHOOL FEEDING.

During the year, through the Medical Inspectors, a comprehensive study was made in regard to food eaten on school premises, both as regards the midday meal and any additional food, mostly as milk or milk foods, taken at the morning break. A return was obtained from every school, the information for the most part being filled up on the spot. The whole question is the subject of a special report to the County Education Committee, but the following particulars are of interest as a record of conditions in 1931 :—

Midday Meal. Some provision is made in 237 schools or departments, *i.e.*, full meal 16, soup 10, milk 23, malted milk 31, cocoa 182, lemonade (in summer) 15, Oxo or Bovril 8, tea 8, Ovaltine 5, other foods 4. In 43 schools or departments more than one item is provided. These figures show that a full meal is provided in extremely few schools but additions in a considerable number. The reports show that where additions are made the meal is usually eaten under supervision. The meals brought by the children seem to be improving, but several inspectors draw attention to their monotony and that they are not well balanced, usually being largely carbohydrate. They are not always eaten under supervision.

Food at School Interval. In 1931 provision was made in 29 per cent. of the schools as shown in the following table :—

	Schools grouped according to the number of children receiving the food.						Total Schools.
	Under 10.	10—20.	20—30.	30—50.	50 and over.	Not stated.	
Ordinary milk	14	1	7	6	4	—	32
Graded „	3	6	8	10	13	—	40
Malted „	5	12	17	16	24	2	76
Cocoa	1	1	2	1	—	—	5

The importance of adequate nutrition for a child can hardly be exaggerated. Experimental work shows the great value of milk for school children. While grants of milk, malt and oil or Parrish's Food were made to 347 children at the cost of the County Education Committee these were for special children picked out as under-nourished by the Medical Inspectors. This additional milk (or milk substitutes) feeding deals not with the abnormal child but with the children generally. While the value of milk is recognised difficulties arise as to obtaining a reliable supply in many areas. In the special report detailed consideration is given to the relative value of the proposed substitutes such as chocolate milk and malted milk. If this movement is to be encouraged it is obviously of importance to obtain the best value for money, otherwise there is considerable risk of the children who particularly need the extra food being deprived of it because it is beyond the means of their parents. The general effect of the report is that a pure liquid milk is the best when obtainable but a valuable cheap substitute is a drink made of cocoa and separated milk.

As part of this subject it is important to supply parents with reliable information as to the kind of meals which children should bring to school and the need for variation and balance. Such a circular is being prepared.

SECONDARY AND CONTINUATION SCHOOLS.

The Secondary Schools consist of the following :—

Provided.

Bridgwater County	...	...	Girls.
Bridgwater Dr. Morgan's	...	...	Boys.
Frome County	...	...	Mixed.
Midsomer Norton County	...	...	Mixed.
Minehead County	...	...	Mixed.
Street, Elmhurst County	...	...	Mixed.
Taunton Bishop Fox's	...	...	Girls.
Weston-super-Mare County	...	...	Mixed.
Yeovil	...	...	Boys.
Yeovil Girls' High	...	...	Girls.

Aided.

Blackford Sexey's	...	...	Mixed.
*Bruton Sexey's	...	...	Boys.
*Bruton Sunny Hill	...	...	Girls.
Crewkerne Grammar	...	...	Boys.
Ilminster Grammar Boys'	...	...	Boys.
Ilminster Grammar Girls'	...	...	Girls.
Taunton Huish's	...	...	Boys.
Wells Blue Boys'	...	...	Boys.
Wells Blue Girls'	...	...	Girls.
*Langport Grammar	...	...	Boys.

*Not medically inspected by County.

The six groups of children which are medically inspected are—

- (1) Those admitted to school since the last medical inspection.
- (2) Those aged 12 years, or who missed examination for any reason when 12 years of age.
- (3) Those aged 15 years, or who missed examination for any reason when 15 years of age.
- (4) Those leaving school at other ages than 12 or 15 years.
- (5) Special cases referred by the Head Teacher for examination.
- (6) Re-examination Cases—Those found defective at a previous examination.

Each school is inspected once a year, but it is not possible to pay a routine second visit; some special visits are paid from time to time.

The number of scholars examined last year and the results obtained are shown below :—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	228	163	391
Intermediates	...	...	...	286	242	528
Leavers	...	...	...	76	20	96
				<hr/>	<hr/>	<hr/>
Totals	...	...		590	425	1,015
Other routine inspections			...	180	129	309
				<hr/>	<hr/>	<hr/>
Totals	...	...		770	554	1,324

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	5	25	30
Re-inspections	...	...	...	106	126	232
				<hr/>	<hr/>	<hr/>
Totals	...	...		111	151	262

The defects found among the Secondary School scholars are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 163 pupils, and accepted by the parents of 127. Of the 1,354 scholars examined as routine or special cases 180 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered. For these purposes no distinction is made between free place pupils and others.

There is some lack of continuity of treatment between the Elementary and the Secondary Schools. The children in the dental scheme should not be deprived of this advantage because they go to a Secondary School, but this nearly always happens in practice. Dr. Halliday states that there is also a tendency for children passing on to a Secondary School to leave off any glasses previously worn and either wear none or buy a more ornamental pair from the local optician. Their tendency to wear gym. shoes all day in school has been commented on in a previous report and some of them are children we have been treating for postural defects.

Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	65	2	2
Uncleanliness	...	...	...	...	...	6	5	0
Skin Disease	...	...	...	...	...	2	1	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	305	120	13
Squint	...	...	...	...	...	12	3	1
Eye disease	...	...	...	...	...	30	2	4
Defective hearing	...	...	...	...	...	17	9	1
Ear disease	...	...	...	...	...	18	3	0
Nose and Throat disease:								
Enlarged Tonsils only	...	...	...	...	...	254	11	12
Adenoids only	...	...	...	...	...	12	2	3
Enlarged Tonsils and Adenoids	...	...	...	...	...	33	15	6
Other conditions	...	...	...	...	...	103	3	12
Teeth: Dental disease	...	...	...	...	...	633	17	4
Enlarged cervical glands	...	...	...	...	...	144	3	1
Defective speech	...	...	...	...	...	9	0	0
Heart Disease:								
Organic	...	...	...	...	...	3	3	0
Functional	...	...	...	...	...	33	1	32
Anæmia	...	...	...	...	...	56	7	2
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	30	2	7
Other diseases	...	...	...	...	...	0	0	0
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
„ Suspected	...	...	...	...	...	6	0	6
Non-Pulmonary	...	...	...	...	...	0	0	0
Disease of the nervous system:								
Chorea	...	...	...	...	...	1	1	0
Other	...	...	...	...	...	7	1	0
Deformities	...	...	...	...	...	277	11	166
Enlarged Thyroid or Goitre	...	...	...	...	...	13	1	1
Other defects and diseases	...	...	...	...	...	27	4	6

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1931. Any child suffering from more than one defect is recorded only in that class of defect which determines the special education or treatment required.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,500. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are certified accordingly.

The 19 "blind" children recorded in Table III. represent an incidence of 0.4 per 1,000; and the 52 "partially blind" children, an incidence of 1.2 per 1,000 of the school population.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training. Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education.

The 31 "deaf" and 5 "partially deaf" children recorded in Table III. represent an incidence of 0.7 and 0.1 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1930 the Special Register contained the names of 299 feeble-minded children—185 boys and 114 girls. During the past year 37 boys and 27 girls, a total of 64 children, were certified as feeble-minded and their names added to the Register, while the names of 37 boys and 23 girls, a total of 60, were removed owing to the children having attained the age of 16 years, left the County, died, or been re-graded; leaving a net total of 303 feeble-minded children (185 boys and 118 girls) on the Special Register at the end of 1931.

These 303 feeble-minded children are equivalent to 7 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 166 children were examined and certified for the first time, and 52 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below :—

			Schedule A.		Schedule B.	Schedule C.	Totals.
			Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—							
Boys	...	...	2	46	37	15	100
Girls	...	...	4	27	27	8	66
			— 6	— 73	— 64	— 23	— 166
Re-examined—							
Boys	...	...	0	13	18	2	33
Girls	...	...	0	5	13	1	19
			— 0	— 18	— 31	— 3	— 52
			6	91	95	26	218

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Assistant County School Medical Officer, has been responsible for the Weston-super-Mare area.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily. Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 22 are classified "severe" and 25 "not severe," equivalent to an incidence of 0.5 and 0.59 per 1,000 of the school population respectively.

When epileptic children are examined by the School Medical Inspectors, the appropriate form of treatment is considered and, where institutional care seems necessary, this is advised. The number of children who can be sent to Epileptic Colonies, however, is very limited; at present only three are being so dealt with. A few of the children who would be suitable for colony treatment on account of

the frequency or severity of their fits are unable to be so dealt with as Epileptic Colonies refuse to admit children with any signs of mental deficiency or deterioration. Most children suffering with epilepsy can get adequate treatment from their own doctors or at hospitals and can safely attend school, where they benefit by regular supervision and control.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopaedic Scheme are discussed on pages 17-23.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1931 there were 45 boys in residence, including one from Bridgwater, two from Taunton, one from Yeovil and one from Dorset. At the end of the year there were 48 girls in residence at Sandhill Park, including one from Taunton Borough and one from Bridgwater Borough.

A further 7 feeble-minded boys were accommodated at the Western Counties Institution, Starcross, one at Lichfield, and one at Bath Special Day School.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1931 there were in residence 30 boys and 20 girls of school age in addition to older defectives.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Street the classes are now held on five days per week. All the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the Centre registers 23 children of school age (including one imbecile and two uncertified girls) belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

SCHOOL HYGIENE.

Sanitary Condition of Schools. The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 474 reports were received, as well as 13 upon Secondary Schools. In 324 cases no defects were found or at least adversely reported upon. In 26 the defects were of a minor character and not followed up. In the remaining 137 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 137, as many schools showed more than one defect.

Nature of defect found.	Action taken.				Total.
	Remedied.	Improved.	Pending.	No action taken.	
Structural defects of offices ...	3	0	10	7	20
Defects in usage of offices ...	10	0	4	1	15
Water supply	0	0	2	2	4
Ventilation defective	4	0	22	17	43
Lighting defective	3	0	11	10	24
Want of cleanliness	1	0	0	0	1
Defective cloakrooms	1	0	5	4	10
Repairs or redecoration required	7	0	1	1	9
Desks unsuitable	9	0	22	0	31
Defective playground	2	2	3	3	10
Deficient heating	4	0	4	1	9
Other defects	7	0	6	4	17
	51	2	90	50	193

The table shows that over 70 per cent. of the defects reported are not remedied, a rather higher proportion than usual, probably due to the need for economy at the present time.

In as many as 19 schools, *i.e.* rather over 4 per cent., the type of office is the deplorable privy-midden, a form of excretal disposal universally condemned as grossly insanitary. I cannot see any reason for its retention in a single school as it can be replaced by properly constructed earth closets where a water supply is not available. To try to teach children the importance of hygiene and then give them a practical object lesson in its opposite by the perpetuation of grossly insanitary offices of this type is not only inconsistent but bad policy.

Hygiene Instruction in Schools. Owing to Miss Lamb, the County Health Propaganda Officer, being away on leave for more than six months, less work was done in 1931 than in earlier years.

During the year the special course on Physiology and Hygiene for teachers was given in two centres. These were at Frome and Weston-super-Mare. The attendance at Frome was good, except that the men attended rather badly, and with an average attendance of 22. The tenth lecture on Social Hygiene was given separately to men by Dr. Stirling and to women by Dr. Halliday. The centre at Weston-super-Mare was very badly attended, the average attendance being only 9. A tenth lecture on Social Hygiene was given to women teachers by Dr. Halliday.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. Fifty-seven schools were visited in this way. These hygiene lectures last about thirty minutes and are given with the help of pictures and diagrams. At the same time an opportunity is made to give free literature, posters, competitions, etc. to the Head Teacher and also particulars of the latest books. The visits are helpful and aid in the establishment of more hygiene teaching.

An interesting experiment was tried in one school (Combe Florey) in the form of a Health Educational Evening. Invitations were sent to all parents and friends from the School Managers and from Miss Lamb. With the help of local support a cup of tea was given. The school was packed, about 45—50 being present. The children did rhymes from Junior Red Cross, about 40 minutes' talk was given on the help of parents in the school and on general health, while several sets of health exhibits from our exhibition were set out to teach their silent lessons. The evening was a great success since considerable interest was shown and it is hoped to extend the experiment.

During the autumn I gave two lectures to teachers on the subject of School Hygiene Teaching, arranged through Teachers' Study Circles. One was at Taunton on October 24th and the other at Radstock on November 7th. Both were very well attended by teachers, many of whom came long distances, and they evinced great interest and a desire to deal adequately with the teaching of Social Hygiene. In particular quite a number of His Majesty's Inspectors also attended, while Mr. Burkinshaw was also present at both lectures. This was valuable as it demonstrated that everybody concerned was sympathetic. Mr. H. M. Moore was in the chair at the first meeting and Dr. Ralph Williams, of the Board of Education, at the Radstock meeting.

The interest and support of everybody concerned was most gratifying and augurs well for greatly improved hygiene teaching in the schools in the future.

The journal "Better Health" has been sent free of charge to all Head Teachers since March, 1931. It is supplied to a good many other teachers on request, they paying the postage. It is a valuable means of increasing interest in school hygiene.

Physical Training. I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

During the past year the Organisers of Physical Training have paid visits to 465 schools, and a marked improvement in the work has been noticeable.

Classes for teachers were organised this year at Wellington, Williton, Wincanton, West Harptree, and Crewkerne, the total attendance being approximately 230 teachers, and at each of these courses a number of hours were devoted to posture training. The Organising Instructress of Physical Training lectured on posture to the teachers and demonstrated with children the effects of the various exercises, their most common mistakes of execution, and the correction of these. The children demonstrated the exercises to be taken later in the practical lesson when the teachers themselves practise the exercises. There is no doubt that these demonstrations with children, from whom sufficient clothing has been removed to enable the teachers to see the muscles and joints in action, are of enormous benefit to the teaching of Physical Training in the schools. Attention was also given to the recreational side—games and dancing—every effort was made to create an atmosphere of enjoyment, and the feeling of the joy of movement, in the hope that this might be passed on to the children.

Successful conferences of Head Teachers were held in the Crewkerne and Wellington areas.

Visits to the schools affected by these classes and conferences proved their benefit, and in this connection it is pleasing to note the very beneficial effects of the vacation course in senior school gymnastics, held at Taunton last year. Though the teacher may not be employed in a senior school the lessons learned at that course are increasingly apparent, and where the teacher is employed in a senior school the benefits are, of course, even more marked.

The Committee recently provided a small grant for the provision of gymnastic benches and mats to specially selected schools, and the teachers who attended the Taunton course and who were fortunate enough to have been provided with this apparatus, are showing great pleasure and enthusiasm in anticipation of doing more advanced work.

It is pleasing to report a steady increase of appreciation of the lessons to be taught in the Physical Training period—alertness, good carriage, co-operation, obedience, and hard work—as well as a steady increase in the amount of work done in this period.

The Organising Instructress of Physical Training is continuing her posture work throughout the County on slightly different lines from past years. Less time is devoted by the Organising Instructress to the actual giving of exercises to the individual children, and more attention is being given to the training of the teachers who will include special postural exercises in the ordinary physical training lessons. The length of the lesson and the duration of courses of classes for teachers have been increased for this particular purpose.

At the request of the Ling Association of Great Britain arrangements were made for a team of boys to give a demonstration of these postural exercises in London. A demonstration lesson of these exercises was first given by the Organising Instructress with a team of boys from the Glastonbury St. John's School, which was followed by an ordinary Physical Training lesson, including these exercises, taken by the Headmaster of that school.

Area sports meetings are increasingly popular, and a very successful County final meeting was held at Bath in July. The Association football branch of the Somerset Schools Games Association has had an active season, and inter-County matches were played against Wiltshire, Dorsetshire, and Hampshire. Rugby football has also gained a footing in the schools' activities and inter-school friendly matches have been played, while it is pleasing to note that both Elementary and Secondary Schools are included in this new organisation. Girls' netball has increased in popularity, and a number of successful netball tournaments have been held for both teachers and scholars.

Playing fields have been provided at Ilminster, Wincanton, and Queen Camel.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 58 schools or departments were closed on account of infectious disease: 44 under Article 23 (b) of the Code by the School Medical Officer, and 14 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Diphtheria	...	...	...	...	...	2
Measles	...	...	...	...	...	28
Whooping cough	...	...	...	...	...	7
Mumps	..	...	...	...	...	4
Influenza	...	...	...	...	...	14
Chicken pox	...	...	...	...	...	3
						<hr/>
						58
						<hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases.

The present policy of Senior and Junior Schools adds considerable difficulties in the way of the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the Regulations of the Board of Education 318 certificates for weekly attendance below 60 per cent. were issued in respect of 108 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 272. Of these, 48 were for ringworm, 30 for verminous condition of head or body, 51 for other skin diseases, while the remainder were for a variety of conditions. In addition, 60 cases of actual or suspected phthisis and 41 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 10,060 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 5,797 suspected diphtheria swabs were examined, the majority being from children of school age; 248 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 117 showed the ringworm fungus, while the remaining 131 were negative. Of these 248 specimens, 200 were taken by the School Medical Inspectors or the Health Visitors, and 48 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1931, to 31st December, 1931.

A.—Routine Medical Inspections.

				Boys.	Girls.	Total.
Number of Code Group Inspections.						
Entrants	...	...	...	2475	2382	4857
Intermediates	...	...	...	2157	1982	4139
Leavers	...	...	...	1656	1533	3189
				6288	5897	12185
Number of other Routine Inspections	...	...	...	604	584	1188
Total	...	...	...	6892	6481	13373

B.—Other Inspections.

Number of Special Inspections	...	...	...	719	730	1449
Number of Re-inspections	...	...	...	4388	4209	8597
Total	...	...	...	5107	4939	10046

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1931.

DEFECT or DISEASE.							Routine Inspections.		Specials.	
							Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)							(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	...	147	48	52	3
Uncleanliness—	...	...	...	...	...	...
Head	...	...	...	...	...	...	125	1	11	0
Body	...	...	...	...	...	...	21	1	1	0
Skin	...	Ringworm—								
		Head	...	...	...	...	3	0	8	1
		Body	...	...	...	...	11	0	4	0
		Scabies	...	...	...	...	11	0	11	0
		Impetigo	...	...	...	...	38	6	44	1
Eye	...	Other Diseases (Non-Tuberculous)								
		Blepharitis	...	...	...	...	21	8	11	2
		Conjunctivitis	...	...	...	...	80	0	38	3
		Keratitis	...	...	...	...	15	0	8	0
		Corneal Opacities	...	...	...	...	0	0	0	0
		Defective Vision	...	...	...	...	5	0	2	0
		Squint	...	...	...	...	677	108	244	5
		Other Conditions	...	...	...	...	192	18	21	0
Ear	...	Defective Hearing								
		Other Conditions	...	...	...	...	42	6	22	2
		Otitis Media	...	...	...	...	39	5	32	0
		Other Ear Diseases	...	...	...	...	43	12	33	2
Nose and Throat	...	Enlarged Tonsils only								
		Adenoids only	...	...	...	...	22	2	24	0
		Enlarged Tonsils and Adenoids	...	...	...	...	133	377	63	4
		Other Conditions	...	...	...	...	22	36	20	1
Enlarged Cervical Glands (Non-Tuberculous)	...	Defective Speech								
		Defective Speech	...	...	...	...	349	255	180	8
		Other Conditions	...	...	...	...	42	58	32	6
Teeth—Dental Diseases	...	...	...	...	...	...	18	54	16	6
Heart and Circulation	...	Defective Speech								
		Defective Speech	...	...	...	...	0	11	3	2
		Teeth—Dental Diseases								
		Teeth—Dental Diseases	...	...	...	...	124	6	21	1
Lungs	...	Heart Diseases—								
		Organic	...	...	...	...	36	22	14	0
		Functional	...	...	...	...	4	223	2	10
		Anæmia	...	...	...	...	109	16	32	5
Tuberculosis	...	Bronchitis								
		Bronchitis	...	...	...	...	173	71	39	10
		Other Non-Tuberculous Diseases	...	...	...	...	18	12	13	2
Nervous System	...	Pulmonary—								
		Definite	...	...	...	...	16	3	5	0
		Suspected	...	...	...	...	4	75	0	68
		Non-Pulmonary*	...	...	...	...	8	2	0	7
Deformities	...	Epilepsy								
		Epilepsy	...	...	...	...	3	0	5	3
		Chorea	...	...	...	...	2	0	2	0
		Other Conditions	...	...	...	...	8	15	6	5
Goitre	...	Rickets								
		Rickets	...	...	...	...	8	12	2	1
		Spinal Curvature	...	...	...	...	5	3	1	1
Other Defects and Diseases	...	...	...	...	...	...	140	879	36	48
	...	...	...	...	...	...	65	12	49	0
	...	...	...	...	...	...	230	43	140	21

The routine cases consisted of 4 glands, 1 hip, 2 spine, 2 other bones and joints and 1 other forms. The 2 glands cases were kept under observation, all the others were referred for treatment. The specials were 6 glands and 1 knee, all referred for treatment.

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require treatment
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants 	4857	974	20.1
Intermediates 	4139	807	19.5
Leavers 	3189	471	14.8
Total (code groups) 	12185	2252	18.5
Other routine inspections ...	1188	254	21.4

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ... 5 Attending Public Elementary Schools ... 1 At other Institutions ... 1 At no School or Institution ... 0	5	9	14	19
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ... 0 Attending Public Elementary Schools ... 16 At other Institutions ... 0 At no School or Institution ... 8	0	0	0	52
DEAF (including Deaf and Dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ... 14 Attending Public Elementary Schools ... 0 At no School or Institution ... 2	14	13	27	31
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools ... 1 At no School or Institution ... 2	1	2	3	5
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... 49 Attending Occupation Centres ... 9 Attending Public Elementary Schools ... 74 At other Institutions ... 0 At no School or Institution ... 53	49	46	95	303
		Attending Public Elementary Schools ... 11 At no School or Institution ... 20	11	20		
EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... 0 Attending Public Elementary Schools ... 6 At no School or Institution ... 5	0	1	1	22
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... 9 At no School or Institution ... 4	9	7	16	25

TABLE III.—(continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	0	0	0	
		At Certified Residential Open-Air Schools ...	11	16	27	
		At Public Elementary Schools ...	1	1	2	
		At no School or Institution ...	9	10	19	48
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Day Open-Air Schools	0	0	0	
		At Public Elementary Schools ...	95	70	165	
		At no School or Institution ...	27	22	49	214
	Tuberculosis of the peripheral glands	At Public Elementary Schools ...	50	29	79	
		At no School or Institution ...	5	7	12	91
	Abdominal tuberculosis	At Public Elementary Schools ...	11	2	13	
		At no School or Institution ...	4	4	8	21
Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	8	12	20		
	At Public Elementary Schools ...	10	8	18		
	At no School or Institution ...	7	2	9	47	
Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ...	0	2	2		
	At no School or Institution ...	1	0	1	3	
Delicate Children	At Open-Air Schools ...	0	0	0		
	At Public Elementary Schools ...	126	115	241		
	At no School or Institution ...	3	3	6	247	
Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc.	At Certified Hospital Schools ...	4	7	11		
	At Residential Schools for Cripples	2	1	3		
	At Public Elementary Schools ...	84	48	132		
	At no School or Institution ...	23	20	43	189	
Children suffering from severe heart disease	At Certified Hospital Schools ...	2	0	2		
	At no School or Institution ...	2	5	7	9	

TABLE IV.

Treatment of Defects of Children during 1930.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Skin—							
Ringworm—Head ...	98	98	64	34	0	0	100
Body ...	58	54	54	0	0	4	93
Scabies ...	4	3	3	0	0	1	75
Impetigo ...	244	228	227	1	0	16	93
Minor Injuries ...	4	2	2	0	0	2	50
Other Skin ...	46	37	23	8	6	9	80
Ear Diseases ...	132	101	63	20	18	31	77
Eye Diseases (External and other) ...	98	82	50	14	18	16	84
Miscellaneous ...	102	76	68	4	4	26	75
	786	681	554	81	46	105	87

B.—Treatment of Visual Defect.

Number referred for refraction, etc., 1930.	Number examined by County Oculist.				Number for whom no treatment necessary.	Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.				
			Obtained.	Not obtained.			
1,164	967	942	8	0	61	116	12

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
928	694	453	49	140	52	234	75

TABLE V.

Summary of Treatment of Defects during 1930.

Disease or Defect.	Referred for treatment	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments	786	681	554	81	46	105	87
Visual Defects (including Squint)	1164	987*	962	0	25	16	90
Defects of Nose and Throat	928	694	502	140	52	234	75
Dental Defects	185	120	59	56	5	65	65
Malnutrition	187	148	30	80	38	39	79
Defective Hearing	63	50	30	11	9	13	79
Defective Speech	4	3	0	2	1	1	75
Enlarged Cervical Glands (Non-T.B.)	39	28	10	12	6	11	72
Heart Disease—							
Organic	37	23	9	3	11	14	62
Functional	5	5	0	2	3	0	100
Anæmia	124	95	32	48	15	29	77
Lung Disease (Non-T.B.)	42	36	21	7	8	6	86
Tuberculosis—							
Pulmonary—							
Definite	19	17	1	6	10	2	89
Suspected	20	19	4	11	4	1	95
Non-Pulmonary	37	33	5	12	16	4	89
Disease of Nervous System	39	33	17	12	4	6	85
Deformities	291	203	19	100	84	88	70
Goitre	146	92	14	47	31	54	63
Other	220	169	84	42	43	51	77

*In addition 61 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1931.

(1) The total number of children medically inspected at the routine inspections	13,373	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	2,004	14.9
(3) The number of children in (1) suffering from :—		
Malnutrition	961	7.2
Skin Disease	109	0.8
Defective Vision (including Squint)	2,305	20.7
Eye Disease	246	1.8
Defective Hearing	107	0.9
Ear Disease	291	2.2
Nose and Throat Disease—		
Enlarged Tonsils only 2,969		22.2
Adenoids only 153		1.1
Enlarged Tonsils and Adenoids 950		7.1
Other Conditions 799		5.9
	4,871	36.4
Enlarged Cervical Glands (Non-Tuberculous)	2,248	16.8
Defective Speech	210	1.6
Dental Disease	9,446	70.6
Heart Disease—		
Organic 58		0.4
Functional 227		1.7
	285	2.1
Anaemia	406	3.0
Lung Disease (Non-Tuberculous)—		
Bronchitis 552		4.1
Other Diseases 72		0.5
	624	4.7
Tuberculosis—		
Pulmonary—Definite 19		0.1
Suspected 79		0.6
	98	0.7
Non-Pulmonary 10		0.1
Disease of the Nervous System	106	0.8
Rickets	620	4.6
Deformities	1,534	11.5
Goitre	194	1.5
Other Defects and Diseases	477	3.6

TABLE VII.

TOTAL 1931 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		Other Routine Inspections.		Specials		Re- inspections		Total.	Approxi- mate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Percentage of Routine Inspected 1931.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Exbridge	242	213	313	263	384	387	140	118	62	86	460	520	3,188	5,580	57.1	36.9	Dr. Slater, Dr. Walker, Dr. Halliday Dr. Heslop.
Leath	77	70	82	54	120	79	34	27	21	34	280	220	1,098	1,657	65.7	32.8	
Midgwater	107	104	132	140	122	166	37	31	33	41	199	201	1,313	2,084	63.0	40.3	Dr. Hibbert, Dr. Parker, Dr. Slater Dr. Hibbert
Hard	127	92	142	162	148	143	24	30	41	34	332	304	1,579	2,490	63.4	34.9	
Lutton	211	181	217	192	253	228	48	50	76	68	488	424	2,436	4,332	56.2	31.9	Dr. Lister, Dr. Slater, Dr. Weaver Dr. Parker
Pulverton	19	23	28	28	35	37	5	7	14	10	101	89	396	497	79.9	36.6	
Strome	79	112	111	122	138	134	36	25	55	47	305	301	1,465	2,685	54.6	28.2	Dr. Heslop,
Keynsham	45	28	68	59	84	76	31	32	18	22	154	128	745	1,068	70.6	39.6	Dr. Heslop, Dr. Weaver
Langport	53	62	90	80	103	88	19	18	15	22	162	123	835	1,557	53.6	32.9	Dr. Hibbert.
Long Ashton	124	127	176	157	244	201	44	78	53	34	219	206	1,663	3,060	54.3	37.6	Dr. Lister, Dr. Weaver
Hepton Mallet	67	66	93	89	114	95	28	27	29	31	205	228	1,072	1,577	68.0	36.7	Dr. Slater
Wainton	91	73	121	93	134	134	29	27	71	50	310	301	1,434	1,860	77.1	37.7	Dr. Parker, Dr. Hibbert
Wellington	68	52	101	84	98	94	11	9	53	66	254	228	1,118	1,546	72.3	33.4	Dr. Parker
Wells	89	96	145	120	149	181	31	25	42	42	202	202	1,324	2,646	50.0	31.6	Dr. Slater
Williton	114	81	135	138	133	131	27	23	85	88	327	302	1,584	2,008	78.9	38.9	Dr. Parker
Vincanton	89	81	103	106	124	91	29	23	26	29	204	214	1,119	1,933	57.9	33.4	Dr. Hibbert
Leovil	54	72	100	95	92	117	31	34	25	26	186	218	1,050	1,819	57.7	32.7	Dr. Hibbert
Totals	1,656	1,533	2,157	1,982	2,475	2,382	604	584	719	730	4,388	4,209	23,419	38,399	61.0	34.8	

